

ADEC REQUEST FOR ADVANCE OR REIMBURSEMENT

1. GRANT ID NO.	2. PERIOD COVERED BY THIS REQUEST		3. Type of Payment	a. <input type="checkbox"/> advance <input type="checkbox"/> reimbursement
	FROM: (mm/dd/yy)	TO: (mm/dd/yy)		b. <input type="checkbox"/> final <input type="checkbox"/> partial
4. Recipient Name: Address:			5. Payee (Where check is to be sent.) Name: Address:	

6. COMPUTATION OF AMOUNT OF REIMBURSEMENT/ADVANCE REQUESTED

	TOTAL
a. Total program outlays to date: (As of date: ___/___/___)	\$
b. Estimated net cash outlays for advance period	
c. Total (Sum of lines a & b)	
d. Local matching share of amount on line c	Salaries:
	Benefits:
	Materials and Supplies:
	Travel:
	Publication Costs:
	Computer Costs:
	Other Direct Costs:
	TOTAL:
e. Grant award share of amount on line c	Salaries:
	Benefits:
	Materials and Supplies:
	Travel:
	Publication Costs:
	Computer Costs:
	Other Direct Costs:
	TOTAL:
f. Grant award payments previously requested	
g. Grant award share now requested (Line e minus line f)	

7. CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	Signature of Authorized Organizational Representative (AOR)	Date Submitted
	Typed or Printed Name and Title	Telephone